2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE: _____

FILED DOCUMENT # L03000043141 08 NOV 12 PM 2: 40 FARRONAY PROPERTIES, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 10586 WHEELHOUSE CIR. 10586 WHEELHOUSE CIR. BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11052008 REIN-LLC CR2E101 (1/07) City & State City & State Applied For 4. FE! Number 20-0398286 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, MAX ESQ 1 ALHAMBRA PLAZA, STE. 5 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to After January 1, 2009, Fee will be \$277.50 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME FARRONAY, OSCAR W NAME STREET ADDRESS 10586 WHEELHOUSE CIR. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP 9001377856546 DAddition TITLE Delete TITLE NAME 11/10/08--01040--008 **138.75 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REINSTATEMEN TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurace and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-05-08

561) 638-6122